CLM	Claim Information: Replacement Claim Requirements	Pos: 130	Max: 1
		Loop: 2300	Elements: 20

User Option (usage):   Required

To specify basic data about the claim

HSNO Note: HSN Bad Debt claims may not be Replaced. All corrections on Bad Debt claims must occur on the provider's monthly Bad Debt Recovery Report.

Element Summary:

Ref	Element Name	Req	Type	Min/Max	Usage	Rep
CLM01	**Claim Submitter's Identifier**	M	AN	1/38	Required	1

HSNO Note: Patient Account Number must match original claim

Ref	Element Name	Req	Type	Min/Max	Usage	Rep
CLM02	**Monetary Amount**	M	R	1/18	Required	1

HSNO Note: This is the Total Claim Amount. This amount can increase or decrease, but can never be negative or zero.

Ref	Element Name	Req	Type	Min/Max	Usage	Rep
CLM03	Claim Filing Indicator Code	O	ID	1/2	Not Used	
CLM04	Non-Institutional Claim Type Code	O	ID	1/2	Not Used	
CLM05	**Health Care Services Location Info**	O	Comp		Required	1
CLM05-1	**Facility Code Value**	M	AN	1/2	Required	1

HSNO Note: For hospitals this either 11 (inpatient) or 13 (outpatient)

Ref	Element Name	Req	Type	Min/Max	Usage	Rep
CLM05-2	**Facility Code Qualifier**	O	ID	1/2	Required	1

HSNO Note: Enter A here to indicate UB claim type

Ref	Element Name	Req	Type	Min/Max	Usage	Rep
CLM05-3	**Claim Frequency Type Code**	O	ID	1/1	Required	1

HSNO Note: To replace a previously submitted claim this data element must equal 7.

Ref	Element Name	Req	Type	Min/Max	Usage	Rep
CLM06	**Yes/No Condition Frequency Type Code**	O	ID	1/1	Required	1

Code	Name
Y	Yes

HSNO Note: Provider Signature on File

Ref	Element Name	Req	Type	Min/Max	Usage	Rep
CLM07	**Provider Accepts Assignment Code**	O	ID	1/1	Situational	1

Code	Name
A	Assigned

1

Ref	Element Name	Req	Type	Min/Max	Usage	Rep
CLM08	**Yes/No Condition or Response Code**	O	ID	1/1	Required	1

		Code	Name					
		Y	Yes					
CLM09		**Release of Information Code**		O	ID	1/1	Required	1

	Code	Name
	A	Appropriate Release on File at Health Care Provider or UR Organization
	I	Informed Consent
	M	Limited or Restricted Ability to release
	N	Not Allowed to release
	O	On file at Payer or plan
	Y	Yes, signed statement on file

CLM10	Patient Signature Source Code	O	ID	1/1	Not Used	
CLM11	Related Causes Information	O	Comp		Not Used	
CLM12	Special Program Code	O	ID	2/3	Not Used	
CLM13	Yes/No Condition Code	O	ID	1/1	Not Used	
CLM14	Level of Service Code	O	ID	1/3	Not Used	
CLM15	Yes/No Condition Code	O	ID	1/1	Not Used	
CLM16	Provider Agreement Code	O	ID	1/1	Not Used	
CLM17	Claim Status Code	O	ID	1/2	Not Used	
CLM18	**Yes/No Condition Code**	O	ID	1/1	Required	1

	Code	Name
	Y	Yes

CLM19	Claim Submission Reason Code	O	ID	2/2	Not Used	
CLM20	**Delay Reason Code**	O	ID	1/2	Situational	1

HSNO Note: May be used by HSN in the future

Example:
CLM*01393000001*5798.65***11:A:7*Y*A*Y*Y*********Y~

2

CLM	Claim Information: Claim Requirements	Void	Pos:	130	Max:	1
			Loop:	2300	Elements:	20

User Option (usage): Required

To specify basic data about the claim

HSNO Note: HSN Bad Debt claims may not be Voided. All corrections on Bad Debt claims must occur on the provider's Monthly Bad Debt Recovery Report.

Element Summary:

Ref	Element Name	Req	Type	Min/Max	Usage	Rep
CLM01	**Claim Submitter's Identifier**	M	AN	1/38	Required	1

HSNO Note: Patient Account Number must match original claim

Ref	Element Name	Req	Type	Min/Max	Usage	Rep
CLM02	**Monetary Amount**	M	R	1/18	Required	1

HSNO Note: This is the Total Claim Amount. Do not use negative amounts here. Must match original claim.

Ref	Element Name	Req	Type	Min/Max	Usage	Rep
CLM03	Claim Filing Indicator Code	O	ID	1/2	Not Used	
CLM04	Non-Institutional Claim Type Code	O	ID	1/2	Not Used	
CLM05	**Health Care Services Location Info**	O	Comp		Required	1
CLM05-1	**Facility Code Value**	M	AN	1/2	Required	1

HSNO Note: For hospitals this either 11 (inpatient) or 13 (outpatient)

Ref	Element Name	Req	Type	Min/Max	Usage	Rep
CLM05-2	**Facility Code Qualifier**	O	ID	1/2	Required	1

HSNO Note: Enter A here to indicate UB claim type

Ref	Element Name	Req	Type	Min/Max	Usage	Rep
CLM05-3	**Claim Frequency Type Code**	O	ID	1/1	Required	1

HSNO Note: To void a previously submitted claim this data element must equal 8.

Ref	Element Name	Req	Type	Min/Max	Usage	Rep
CLM06	**Yes/No Condition Frequency Type Code**	O	ID	1/1	Required	1

Code	Name
Y	Yes

HSNO Note: Provider Signature on File

Ref	Element Name	Req	Type	Min/Max	Usage	Rep
CLM07	**Provider Accepts Assignment Code**	O	ID	1/1	Situational	1

Code	Name
A	Assigned

1

Ref	Element Name	Req	Type	Min/Max	Usage	Rep
CLM08	**Yes/No Condition or Response Code**	O	ID	1/1	Required	1

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	Code	Name					
	Y	Yes					

CLM09	**Release of Information Code**		O	ID	1/1	Required	1

	Code	Name
	A	Appropriate Release on File at Health Care Provider or UR Organization
	I	Informed Consent
	M	Limited or Restricted Ability to release
	N	Not Allowed to release
	O	On file at Payer or plan
	Y	Yes, signed statement on file

CLM10	Patient Signature Source Code	O	ID	1/1	Not Used	
CLM11	Related Causes Information	O	Comp		Not Used	
CLM12	Special Program Code	O	ID	2/3	Not Used	
CLM13	Yes/No Condition Code	O	ID	1/1	Not Used	
CLM14	Level of Service Code	O	ID	1/3	Not Used	
CLM15	Yes/No Condition Code	O	ID	1/1	Not Used	
CLM16	Provider Agreement Code	O	ID	1/1	Not Used	
CLM17	Claim Status Code	O	ID	1/2	Not Used	

CLM18	**Yes/No Condition Code**	O	ID	1/1	Required	1

	Code	Name
	Y	Yes

CLM19	Claim Submission Reason Code	O	ID	2/2	Not Used	

CLM20	**Delay Reason Code**	O	ID	1/2	Situational	1

HSNO Note: May be used by HSN in the future

Example:
CLM*01393000001*3258.96*11:A:8*Y*A*Y*Y*********Y~**

2